

**HEALTH COMPANY ABSTRACT OF STATEMENT**

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 53892 (Rev. 3-2007)

INSTRUCTIONS ON
REVERSE**TWO forms must be returned**
(1 completed original plus 1
copy of original)**ALL INFORMATION MUST BE TYPEWRITTEN.**

Name of Company	NAIC Company Code	FOR YEAR ENDING DECEMBER 31, 20 .
State of Domicile		

*MUTUAL COMPANY: Delete reference to capital***PLEASE DROP ALL CENTS**

DATA FROM ANNUAL STATEMENT OF COMPANY		SOURCE OF DATA
ALL INFORMATION MUST BE CORRECT; SUBJECT TO PENALTY.		
TOTAL ASSETS		Page 2
TOTAL LIABILITIES		Page 3
Common capital stock		Page 3
Preferred capital stock		Page 3
Gross paid in and contributed surplus		Page 3
Surplus Notes		Page 3
Aggregate write-ins for other than special surplus funds		Page 3
Unassigned funds (surplus)		Page 3
LESS treasury stock, at cost:		
(1) _____ shares common (value included in item 19 \$ _____)		Page 3
(2) _____ shares preferred (value included in item 20 \$ _____)		Page 3
TOTAL CAPITAL AND SURPLUS		Page 3
TOTAL LIABILITIES, CAPITAL AND SURPLUS		Page 3

NORTH DAKOTA BUSINESS ONLY

ACCIDENT & HEALTH	DOLLARS	SOURCE OF DATA State Page
TOTAL PREMIUMS EARNED		Line 13
TOTAL AMOUNT INCURRED		Line 15

Name of Person Completing Form		Telephone Number (prefer toll-free, if available)	
Title			
Name of Person to Send Invoice To			
Division and/or Department			
Address for Invoice			
City		State	Zip Code

INSTRUCTIONS

Complete in typewritten form only as all forms must be clear and legible.

One original and one copy is required. You must submit one original abstract of statement plus one copy for the North Dakota Advertising Service Inc.'s use.

Insert the company name, and state of domicile where the insurance company is incorporated in the appropriate space at the top of the form. Do not abbreviate. Do not use the street address. An alien company may insert the state where their principal United States branch office is located.

Please mail on or before March 1:

North Dakota Insurance Department
600 E Boulevard Ave Dept 401
Bismarck ND 58505-0320